

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002637

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC9083207982**

**Entity Name:** SAAPA EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

NORTHEAST FLORIDA REGIONAL AIRPORT  
4796 US1 NORTH  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

NORTHEAST FLORIDA REGIONAL AIRPORT  
4796 US1 NORTH  
ST. AUGUSTINE, FL 32095 US

**FEI Number:** 46-2353089

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REILLY, JACK  
NORTHEAST FLORIDA REGIONAL AIRPORT  
4796 US1 NORTH  
ST. AUGUSTINE, FL 32095 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LUDLOW, REBA M  
Address NE FL REGIONAL AIRPORT, 4796 US1  
N  
City-State-Zip: ST. AUGUSTINE FL 32095

Title VP  
Name MARTINELLI, VICTOR  
Address NE FL REGIONAL AIRPORT, 4796 US1  
N  
City-State-Zip: ST. AUGUSTINE FL 32095

Title D  
Name FORDEM, CRAIG  
Address NE FL REGIONAL AIRPORT, 4796 US1  
N  
City-State-Zip: ST. AUGUSTINE FL 32095

Title D  
Name ZISKAL, WAYNE  
Address NE FL REGIONAL AIRPORT, 4796 US1  
N  
City-State-Zip: ST. AUGUSTINE FL 32095

Title D  
Name REILLY, JACK  
Address NE FL REGIONAL AIRPORT, 4796 US1  
N  
City-State-Zip: ST. AUGUSTINE FL 32095

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** REBA LUDLOW

**PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date